## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10647074

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENT |   |                                  |                      |                       |                                 |                  |          |   |                        |       |                     |                        |
|--|---|----------------------------------|----------------------|-----------------------|---------------------------------|------------------|----------|---|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS   |   |                                  | 21                   |                       |                                 |                  |          | RATE                                    | FEE                    |       | RATE                | FEE                    |
| FOR  |   |                                  | NUMBER FILED         |                       | NUMBER EXTRA                    |                  |          | BASIC FEE                               | 385.00                 | OR    | BASIC FEE           | 770.00                 |
| TO   | TAL CHARGEA   | BLE CLAIMS                       | <b>∂</b>   minus 20= |                       | •                               |                  |          | X\$ 9=                                  |                        | OR    | X\$18=              | 18                     |
| INDEPENDENT CLAIMS   |   |                                  | 5 minus 3 =          |                       | ٠ ع                             |                  |          | X43=                                    |                        | OR    | X86=                | 172                    |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                    | RESENT               |                       |                                 |                  |          | +145=                                   |                        | OR    | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                 |   |                                  |                      |                       |                                 |                  |          | TOTAL                                   |                        | OR    | TOTAL               | 960                    |
| CLAIMS AS AMENDED - PART II  |   |                                  |                      |                       |                                 |                  |          |   |                        |       | OTHER               |                        |
| (COIDINITY)  |   |                                  |                      |                       |                                 | (Column 3        | <u>)</u> | SMALL                                   |                        | OR    | SMALL               |                        |
| MENDMENT A   |   | CLAIMS REMAINING AFTER AMENDMENT |                      | HIGH<br>NUM<br>PREVIO | BER                             | PRESENT<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | . 2                              | Minus                | ** &                  | 20                              | =                |          | X\$ 9=                                  |                        | OR    | X\$18=              |                        |
|  | Independent   | . 5                              | Minus                | ***                   | 5                               | =                |          | X43=                                    |                        | OR    | X86=                |                        |
| ٨  | FIRST PRESE   | NTATION OF M                     | JLTIPLE DEI          | PENDEN.               | T CLAIM                         |                  | L        | +145=                                   |                        | OR    | +290=               |                        |
|  |   |                                  |                      |                       |                                 |                  |          |   |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
| (0.1 0)  |   |                                  |                      |                       |                                 |                  |          |   |                        |       |                     |                        |
|  | 1   | (Column 1)<br>CLAIMS             | _                    |                       | mn 2)<br>HEST                   | (Column 3        | "        |   | ADDI-                  | 1     |                     | ADDI-                  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT  |                      | PREV                  | MBER<br>HOUSLY<br>D FOR         | PRESENT<br>EXTRA |          | RATE                                    | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |
|  | Total   | *                                | Minus                | **                    |                                 | =                | _        | XS 9=                                   |                        | OR    | X\$18=              |                        |
|  | Independent   | *                                | Minus                | ***                   |                                 | =                | 4        | X43=                                    |                        | OR    | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |                      |                       |                                 |                  |          | +145=                                   |                        | OR    | +290=               |                        |
| TOTAL<br>ADDIT, FEE  |   |                                  |                      |                       |                                 |                  |          |   |                        | OR    | TOTAL               | 8                      |
|  |   | (Column 1)                       |                      | (Colu                 | ımn <u>2)</u>                   | (Column :        | 3)_      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |       |                     |                        |
| AMENDMENT C  | •   | CLAIMS REMAINING AFTER AMENDMENT |                      | HIG<br>NUI<br>PREV    | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *                                | Minus                | **                    |                                 | =                |          | X\$ 9=                                  |                        | OR    | X\$18=              |                        |
|  | Independent   | *                                | Minus                | ***                   |                                 | =                | _        | X43=                                    |                        | OF    | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=  |                                  |                      |                       |                                 |                  |          |   | OR                     | +290= |                     |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.    |   |                                  |                      |                       |                                 |                  |          |   |                        | OF    | TOTA                |                        |
| -  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE |                                  |                      |                       |                                 |                  |          |   |                        |       |                     |                        |